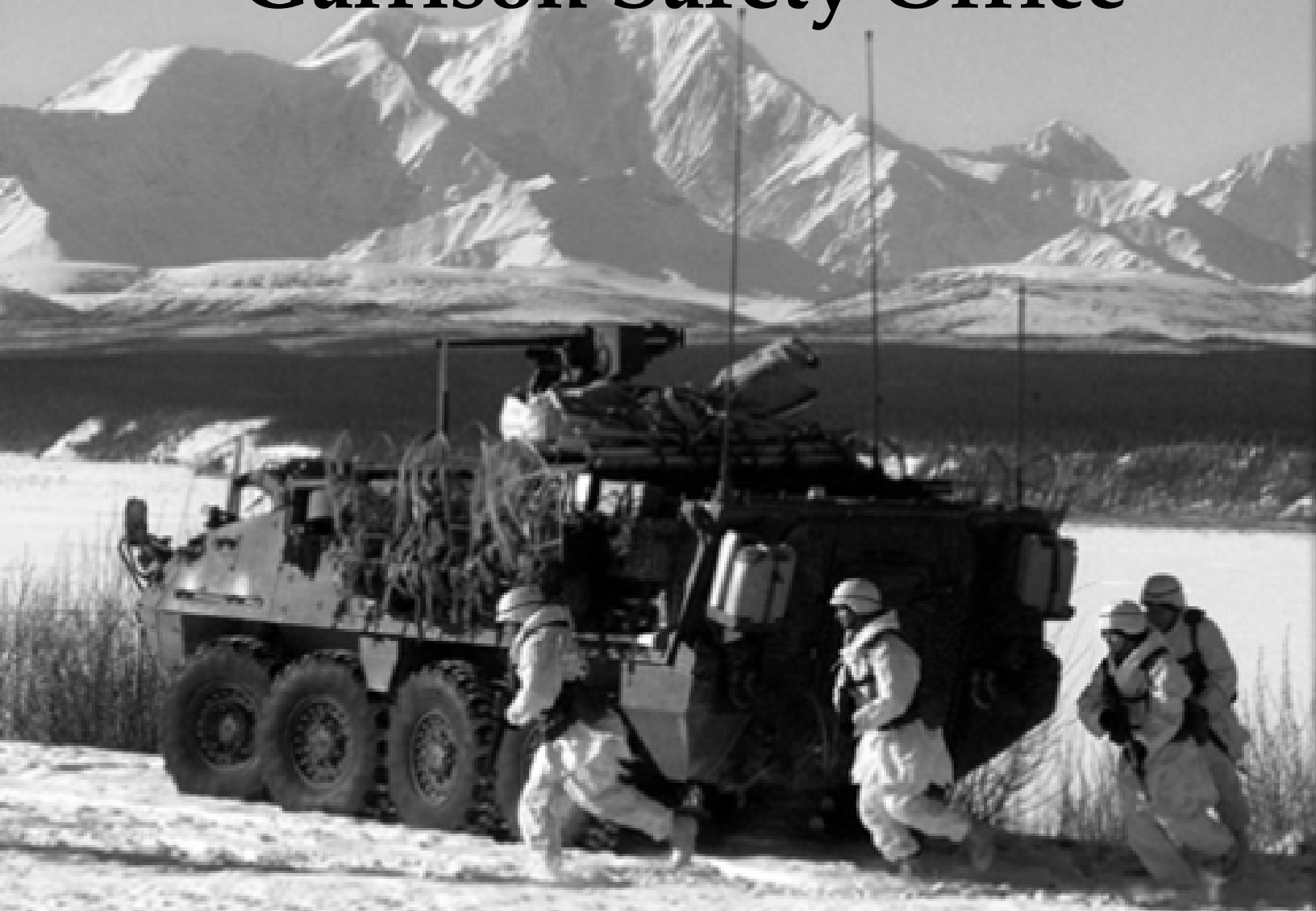


FORT WAINWRIGHT Garrison Safety Office



**INSTRUCTIONS FOR
COMPLETING
DA FORM 285 AB-R, AGAR**

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DA FORM 285 AB-R
Abbreviated Ground Accident Report
(AGAR) is a two–page fill-in-the-blank form
to be used for ground accidents in
accordance with AR 385-40.

Summary of Reporting Requirements
And Suspenses

All Accidents

All accidents must be reported to the immediate commander or supervisor whose operation, personnel, or equipment is involved. **All accidents (regardless of accident class or personal duty status) must be investigated and a report submitted to the Mission or Garrison Safety Office within 10 days.**

Accident Classification Criteria

- **Class A.** The resulting total cost of reportable damage is \$1,000,000 or more; an Army Aircraft or missile is destroyed, missing, or abandon; or an injury and/or occupational illness results in a fatality or permanent total disability.
- **Class B.** The resulting total cost or reportable property damage is \$200,000 or more but less than \$1,000,000, an injury and/or occupational illness results in permanent partial disability, or three or more personnel are inpatient hospitalized.
- **Class C.** The resulting total cost of property damage is \$20,000 or more but less than \$200,000 or a nonfatal injury, illness, or disability that causes any loss of time from work beyond the day or shift on which it occurred or disability at any time (lost-time case).
- **Class D.** The resulting total cost of property damage is \$2,000 or more but less than \$20,000. Note. Nonfatal injuries/illnesses (restricted work activity, light duty, or profile) will only be recorded in conjunction with recordable property damage accidents

On-Duty Accidents

■ **Class A & B accidents.** The unit must notify Mission or Garrison Safety Office and U.S. Army Safety Center (USASC) immediately about these types of accidents. The unit must use DA Form 7306-R, “Worksheet For Telephonic Notification of Ground Accident”, when reporting these accidents to the USASC as required is on in AR 385-40. Contact the USASC at (334) 255-2660/3410 or DSN 558-2660/3410. These accidents will not require submission of an AGAR, but they will require follow-up with a completed DA Form 285 within 30 days to the Mission or Garrison Safety Office.

■ **Class C & D accidents.** All Class C & D accidents will be reported on the AGAR within 10 days to Mission or Garrison Safety Office. No DA Form 285 will be required. Appropriate additional information may and should be attached to the AGAR.

Off-Duty Accidents

■ **Class A & B accidents.** The unit must notify Mission or Garrison Safety Office and USASC immediately about these types of accidents. The unit must use DA Form DA Form 7306-R, “Worksheet For Telephonic Notification of Ground Accident”, when reporting these accidents to the USASC as required is on in AR 385-40. Contact the USASC at (334) 255-2660/3410 or DSN 558-2660/3410. These accidents require follow-up with a completed AGAR within 10 days of accident occurrence.

■ **Class C & D accidents.** All Class C & D accidents will be reported on the AGAR within

10 days of accident occurrence to the Mission or Garrison Safety Office.

Combat Accident Reporting

■ **All classes of accidents.** As long as conditions permit, standard accident investigation and reporting procedures will be followed. When the senior tactical commander determines that the situation, conditions, and/or time does not permit normal investigating and reporting, all accidents (Class A-D) will be reported on the AGAR as soon as time permits, not to exceed 30 days after the accident. Method of transmission should be dictated by available resources. Class A and B initial-notification will be telephonic to the local safety office or USASC.

Forwarding Forms

The Mission or Garrison Safety Office will forward all completed AGARs to USASC. Units should consult their local Safety Office for the proper routing of reports in their commands. Forms and instructions may be downloaded from the Fort Wainwright Safety Office Website <https://fwa.pac.army.mil/postsafety/>.

Points of contact for question or help in completing this form are available at your local Safety Office (907) 353-7412/6473/7078 or DSN 317 353-7412/6473/7078.

Fax: (907) 353-6272 or DSN 317 353-6272

Hand Carry To: Building 1051, APT 4, Fort Wainwright

You may access information from USASC at their website <https://safety.army.mil/home.html>mail USASC.

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR) For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA														REQUIREMENT CONTROL SYMBOL CSOCS-308			
1. TIME & DATE OF ACCIDENT		a. Yr 04	b. Mth 01	c. Day 02	d. Time 23:30	2. PERIOD OF DAY		Day <input type="checkbox"/> Night <input checked="" type="checkbox"/>	3. ACDT CLASS A		4. ACDT OCCURRED DURING:		Combat <input checked="" type="checkbox"/> Non-Combat <input type="checkbox"/>				
5. UNIT IDENTIFICATION		a. UIC (6-digit Code) WABC01			b. Name of Unit Charlie Company 2D BN 3D IN REG			c. Unit's Branch IN			d. MACOM USARPAC						
6. LOCATION OF ACCIDENT		a. Exact Location (Detailed enough to locate site) Milepost 32 Richardson Highway									b. Type Location B-3						
c. State/County AK		d. <input checked="" type="checkbox"/> Off Post		On Post Name:			7. EXPLOSIVES/AMMO		a. Present	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	b. Involved	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
8. MISSION		a. Briefly describe the mission Driving Home										b. METL Task?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED						Materiel Failure /Malfunction Information											
a. Type of Item (Nomenclature)		b. Model #	c. Ownership	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature		h. Part #	i. Part NSN	j. Part Manufacturer Code	k. EIR/QDR Submitted					
#1 2003 Chevrolet		Camaro	SM	25,000.00	6 & 7							Yes <input type="checkbox"/> No <input type="checkbox"/>					
#2												Yes <input type="checkbox"/> No <input type="checkbox"/>					
10. WHY DID THE MATERIEL FAIL/MALFUNCTION? (Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to the materiel failure/malfunction.)																	
a.		LEADER (Not ready, willing to enforce)		STDS/PROCEDURES (Not clear, Not practical)		SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)		b. Describe how the materiel failed/malfunctioned and explain why (root cause)									
		Direct Supervision		AR	SOP	Equip/Materiel improperly designed								Inadequate Manufacture			
		Unit Command Supervision		TM	Other	Equip/Materiel not provided								Inadequate Maintenance			
		Higher Command Supervision		FM	None exists	Inadequate Facilities/Services								Other			
11. NAME (Last, First, MI) (Include Address & UIC if different than Blks 5a & b.)				12. SOCIAL SECURITY #		13. PERSONNEL CLASSIFICATION		14. MOS		15. DUTY STATUS		On-duty <input checked="" type="checkbox"/> Off-duty <input type="checkbox"/>					
DRIVER, RICK L.				333-44-5656		a		11B									
						16. AGE 19		17. SEX M		18. PAY GRADE E3		19. FLIGHT STATUS		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
				20. MOST SEVERE INJURY (See instructions)		a. Degree a		b. Type f		c. Body Part b		d. Cause a					
21. DAYS HOSPITALIZED		ACTIVITY OF INDIVIDUAL Provide code (from list in instructions) and describe in space below.															
		23. CODE		24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK													
		P		SM was driving to quarters in his POV on the Richardson Highway at night.													
22. WORKDAYS																	
a. Lost																	
b. Restricted																	
25. PERSONAL PROTECTIVE EQUIP				26. ALCOHOL/DRUGS CAUSE/CONT		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	27. EQUIP THIS PERSON WAS ASSOCIATED WITH? (Enter item No. from Bk 9a) 1									
a. Required	b. Type of equip	c. Available	d. Used	28. LICENSED TO OPERATE EQUIP		29. HRS ON DUTY	30. HRS SLEEP	31. TACTICAL TRAINING	32. TYPE TRAINING FACILITY	33. LAST TRAINING	34. FIELD TRAINING EXERCISE		35. NIGHT VISION SYSTEM USED				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	#1 a #2	#1 Yes #2	#1 N #2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		0	6	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Yes If Yes, provide name: <input type="checkbox"/> No		<input type="checkbox"/> Yes If Yes, provide name: <input checked="" type="checkbox"/> No				
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT? In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.																	
a. Mistake		c. Tell what the mistake was and how it caused/contributed to the accident															
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SM was exceeding the posted speed limit of 55 m.p.h. on an icy road and was unable to control the vehicle when he approached a turn.															
b. Code																	
40																	

37. WHY WAS THE MISTAKE MADE (ROOT CAUSE)(Check the root cause(s) in Blk a. In Blk b. tell how the root cause(s) led to the mistake.)									
a.	LEADER (Not ready, willing to enforce standards)	TRAINING (Insufficient in	STDS/PROCEDURES (Not clear/Not practical)		SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)		INDIVIDUAL (Mistake due to own personal factors)		
	Direct Supervision	School	AR	SOP	Equip/Materiel improperly designed	Inadequate Manufacture	Poor/Bad attitude	Fatigue	
	Unit Command Supervision	Unit	TM	Other	Equip/Materiel not provided	Inadequate Maintenance	Overconfident	Alcohol, Drugs	
	Higher Command Supervision	Experience, OJT	FM	None exists	Inadequate Facilities/Services	Other	In a hurry	Fear/Excitement	
b. Describe root cause(s) (reason) and tell how it/they caused the mistake The driver was overconfident in his ability to control the vehicle at high rates of speed, under icy conditions.							38. ENVIRONMENTAL CONDITIONS a. Present: #1 C Yes No Unk #2 F Yes No Unk #3 Yes No Unk		
39. PROVIDE BRIEF SYNOPSIS OF ACDT (Use additional sheets if required)(Explain sequence of events, tell how acdt happened.) SM was traveling north in his 2003 Chevrolet Camaro on the Richardson Highway at a approximately 80 m.p.h. in an area posted for 55 m.p.h. The road was covered with ice and snow. As he approached Milepost 32 he entered a sharp turn in the road. His vehicle swerved sharply to the right and then to the left. He then slid off the road and into a ditch. The vehicle rolled over from side to side and came to rest inverted. The driver was not wearing a seatbelt and received fatal head injuries. The vehicle was damaged extensively.									
40. CORRECTIVE ACTION(S) TAKEN OR PLANNED Inform assigned unit personnel of the facts and circumstances surrounding this accident, with emphasis on maintaining equipment and obeying traffic regulations.									
41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT									
a. Name (Last, First, MI) INVESTIGATOR, JOHN D.						b. Telephone # DSN: 317 353-5555 COM: 907 353-5555			
42. COMMAND REVIEW a. Name JOHN D. COMMANDER				c. Rank CPT		43. SAFETY OFFICE REVIEW			b. Date
b. Signature				d. Date 4 JAN 03		a. Name LOCAL SAFETY OFFICER SIGNATURE			

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR) For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA														REQUIREMENT CONTROL SYMBOL CSOCS-308			
1. TIME & DATE OF ACCIDENT		a. Yr 04	b. Mth 06	c. Day 12	d. Time 15:40	2. PERIOD OF DAY <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night		3. ACDT CLASS B		4. ACDT OCCURRED DURING:		Combat <input checked="" type="checkbox"/> Non-Combat					
5. UNIT IDENTIFICATION		a. UIC (6-digit Code) W2AA04			b. Name of Unit HHSB 6/42TH FA				c. Unit's Branch FA		d. MACOM USARPAC						
6. LOCATION OF ACCIDENT		a. Exact Location (Detailed enough to locate site) 2200 600TH ST.										b. Type Location J1					
c. State/County ALASKA		d.	Off Post <input checked="" type="checkbox"/> On Post Name: FORT WAINWRIGHT			7. EXPLOSIVES/AMMO		a. Present	Yes <input checked="" type="checkbox"/> No	b. Involved	Yes <input checked="" type="checkbox"/> No						
8. MISSION		a. Briefly describe the mission WOODWORKING PROJECT										b. METL Task?		Yes <input checked="" type="checkbox"/> No			
9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED						Materiel Failure/Malfunction Information											
a. Type of Item (Nomenclature)		b. Model #	c. Ownership		d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature		h. Part #	i. Part NSN	j. Part Manufacturer Code	k. EIR/ODR Submitted				
#1 B&D TABLE SAW		Z-100	SM		0.00								Yes <input type="checkbox"/> No <input type="checkbox"/>				
#2													Yes <input type="checkbox"/> No <input type="checkbox"/>				
10. WHY DID THE MATERIEL FAIL/MALFUNCTION? (Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to the materiel failure/malfunction.)																	
a.		LEADER (Not ready, willing to enforce)		STDS/PROCEDURES (Not clear, Not practical)		SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)				b. Describe how the materiel failed/malfunctioned and explain why (root cause)							
		Direct Supervision		AR	SOP	Equip/Materiel improperly designed		Inadequate Manufacture									
		Unit Command Supervision		TM	Other	Equip/Materiel not provided		Inadequate Maintenance									
		Higher Command Supervision		FM	None exists	Inadequate Facilities/Services		Other									
11. NAME (Last, First, MI) (Include Address & UIC if different than Blks 5a & b.)						12. SOCIAL SECURITY #		13. PERSONNEL CLASSIFICATION a		14. MOS 13B		15. DUTY STATUS					
HOWITZER, JOSEPH T.						111-22-3333		16. AGE 32		17. SEX M		18. PAY GRADE E6					
						19. FLIGHT STATUS		Yes <input checked="" type="checkbox"/> No									
20. MOST SEVERE INJURY (See instructions)						a. Degree C		b. Type C		c. Body Part p		d. Cause e					
21. DAYS HOSPITALIZED		ACTIVITY OF INDIVIDUAL Provide code (from list in instructions) and describe in space below.															
2		23. CODE		24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK													
		aa		SM was using a table saw to cut down lumber for a woodworking project at home.													
22. WORKDAYS																	
a. Lost 3																	
b. Restricted 90																	
25. PERSONAL PROTECTIVE EQUIP				26. ALCOHOL/DRUGS CAUSE/CONT				Yes <input checked="" type="checkbox"/> No	Unk	27. EQUIP THIS PERSON WAS ASSOCIATED WITH? (Enter item No. from Blk 9a) 1							
a. Required	b. Type of equip	c. Available	d. Used	28. LICENSED TO OPERATE EQUIP		29. HRS ON DUTY	30. HRS SLEEP	31. TACTICAL TRAINING		32. TYPE TRAINING FACILITY		33. LAST TRAINING	34. FIELD TRAINING EXERCISE	35. NIGHT VISION SYSTEM USED			
<input checked="" type="checkbox"/> Yes	#1 c	#1 Yes	#1 Y	<input type="checkbox"/> Yes <input type="checkbox"/> No		0	10	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<input type="checkbox"/> Yes If Yes, provide name:	<input type="checkbox"/> Yes If Yes, provide name:			
<input type="checkbox"/> No	#2 e	#2 Yes	#2 Y										<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No			
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT? In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.																	
a. Mistake		c. Tell what the mistake was and how it caused/contributed to the accident															
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SM did not use metal guide to push wood through saw. His fingers were ensnared in saw.															
b. Code																	
04																	

37. WHY WAS THE MISTAKE MADE (ROOT CAUSE)(Check the root cause(s) in Blk a. In Blk b. tell how the root cause(s) led to the mistake.)									
a.	LEADER (Not ready, willing to enforce standards)	TRAINING (Insufficient in	STDS/PROCEDURES (Not clear/Not practical)		SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)		INDIVIDUAL (Mistake due to own personal factors)		
	Direct Supervision	School	AR	SOP	Equip/Materiel improperly designed	Inadequate Manufacture	Poor/Bad attitude	Fatigue	
	Unit Command Supervision	Unit	TM	Other	Equip/Materiel not provided	Inadequate Maintenance	Overconfident	Alcohol, Drugs	
	Higher Command Supervision	Experience, OJT	FM	None exists	Inadequate Facilities/Services	Other	X In a hurry	Fear/Excitement	
b. Describe root cause(s) (reason) and tell how it/they caused the mistake SM was attempting to complete wood working project too quickly. He did not use the metal wood guide to push the wood into the saw. He pushed the wood with his hand. His fingers were amputated by the saw.							38. ENVIRONMENTAL CONDITIONS a. Present: #1 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk #2 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk #3 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
39. PROVIDE BRIEF SYNOPSIS OF ACDT (Use additional sheets if required)(Explain sequence of events, tell how acdt happened.) SM was at home in quarters working in his basement. He was completing a wood working project using a table saw. In his anticipating to complete the project quickly he did not use the metal wood guide to push the wood into the saw blade. SM pushed the wood with his hand. His fingers were caught by the saw blade. He amputated the last two fingers of his right hand each at the first joint.									
40. CORRECTIVE ACTION(S) TAKEN OR PLANNED Brief SM and all soldiers on the using the all proper safety devices and procedures when using equipment.									
41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT									
a. Name (Last, First, MI) AZIMUTH, ROGER B.						b. Telephone # DSN: 317 353-1111 COM: 907 353-1111			
42. COMMAND REVIEW a. Name CANNON, JOHN G.				c. Rank CPT		43. SAFETY OFFICE REVIEW			b. Date
b. Signature				d. Date 6/17/04		a. Name LOCAL SAFETY OFFICER			

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SAMPLE DA FORM 285, ON-DUTY CLASS B

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37. WHY WAS THE MISTAKE MADE (ROOT CAUSE)(Check the root cause(s) in Blk a. In Blk b. tell how the root cause(s) led to the mistake.)									
a.	LEADER (Not ready, willing to enforce standards)	TRAINING (Insufficient in)	STDS/PROCEDURES (Not clear/Not practical)		SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)		INDIVIDUAL (Mistake due to own personal factors)		
	Direct Supervision	School	AR	SOP	Equip/Materiel improperly designed	Inadequate Manufacture	Poor/Bad attitude	Fatigue	
	Unit Command Supervision	Unit	TM	Other	Equip/Materiel not provided	Inadequate Maintenance	Overconfident	Alcohol, Drugs	
	Higher Command Supervision	Experience, OJT	FM	None exists	Inadequate Facilities/Services	Other	<input checked="" type="checkbox"/> In a hurry	Fear/Excitement	
b. Describe root cause(s) (reason) and tell how it/they caused the mistake SM was driving faster than road conditions would allow. SM was anxious to return to bivouac area. Although he speed was not above the posted speed (25 m.p.h.) he was driving on an icy and snow covered road.							38. ENVIRONMENTAL CONDITIONS a. Present: #1 <u>B</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk #2 <u>F</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk #3 <u> </u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
39. PROVIDE BRIEF SYNOPSIS OF ACDT (Use additional sheets if required)(Explain sequence of events, tell how acdt happened.) SM was returning from Company Motor Pool at Fort Wainwright Garrison to the company bivouac area. SM was traveling at 25 m.p.h. (posted speed) on an icy and snow covered Quarry Road headed in a northwest direction. A convoy (A 2/42 SB) was traveling west on Manchu Road at 15 m.p.h. The driver of the HMMWV came to the intersection of Quarry and Machu Roads. He was not able to stop by the time he saw the convoy. The HMMWV slid onto Manchu road in front of A-202. A-202 struck the HMMWV by the drivers door. The HMMWV spun on the road and crashed into the tree line. The driver of the HMMWV was injured. A-203 was traveling behind A-202. Vehicle slid into the rear of A-202.									
40. CORRECTIVE ACTION(S) TAKEN OR PLANNED All drivers of both units will be briefed by Battalion Master Driver on following distances and speed.									
41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT									
a. Name (Last, First, MI) SUPPLY, JOAN A.						b. Telephone # DSN: 317 353-1111 COM: 907 353-1111			
42. COMMAND REVIEW a. Name QUARTERMASTER, ROGER B.				c. Rank CPT		43. SAFETY OFFICE REVIEW			b. Date
b. Signature				d. Date 2/18/04		a. Name LOCAL SAFETY OFFICER			

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SAMPLE DA FORM 285, ON-DUTY CLASS C

9. VEHICLE/EQUIPMENT MATERIAL INVOLVED

a. Type of Equip.	b. Model	c. Owner	d. ECOD	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacturer Code	k. EIR.QDR Submitted		
#3. FMTV-A203	M1083	A 2/42 SB	\$897.00	9						Yes		No
										Yes		No

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR) For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA												REQUIREMENT CONTROL SYMBOL CSOCS-308	
1. TIME & DATE OF ACCIDENT		a. Yr 04	b. Mth 07	c. Day 10	d. Time 11:20	2. PERIOD OF DAY <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night		3. ACDT CLASS D	4. ACDT OCCURRED DURING:		Combat <input checked="" type="checkbox"/> Non-Combat		
5. UNIT IDENTIFICATION		a. UIC (6-digit Code) W4QQ60			b. Name of Unit E Company 6/23D AVN REG			c. Unit's Branch AV		d. MACOM USARPAC			
6. LOCATION OF ACCIDENT		a. Exact Location (Detailed enough to locate site) B. 3403							b. Type Location A-1				
c. State/County ALASKA		d.	Off Post <input checked="" type="checkbox"/> On Post Name: FORT WAINWRIGHT			7. EXPLOSIVES/AMMO		a. Present	Yes <input checked="" type="checkbox"/> No	b. Involved	Yes <input checked="" type="checkbox"/> No		
8. MISSION		a. Briefly describe the mission DRIVING INTO MOTOR POOL							b. METL Task? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED						Materiel Failure/Malfunction Information							
a. Type of Item (Nomenclature)	b. Model #	c. Ownership	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacturer Code	k. EIR/QDR Submitted			
#1 FMTV E-102	M1083	E 6/23	2,675.00	3						Yes <input type="checkbox"/> No <input type="checkbox"/>			
#2										Yes <input type="checkbox"/> No <input type="checkbox"/>			
10. WHY DID THE MATERIEL FAIL/MALFUNCTION? (Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to the materiel failure/malfunction.)													
a.		LEADER (Not ready, willing to enforce)		STDS/PROCEDURES (Not clear, Not practical)		SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)							
		Direct Supervision		AR <input type="checkbox"/> SOP <input type="checkbox"/>		Equip/Materiel improperly designed			Inadequate Manufacture				
		Unit Command Supervision		TM <input type="checkbox"/> Other <input type="checkbox"/>		Equip/Materiel not provided			Inadequate Maintenance				
		Higher Command Supervision		FM <input type="checkbox"/> None exists <input type="checkbox"/>		Inadequate Facilities/Services			Other				
11. NAME (Last, First, MI) (Include Address & UIC if different than Blks 5a & b.)				12. SOCIAL SECURITY #		13. PERSONNEL CLASSIFICATION a		14. MOS 92A		15. DUTY STATUS <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty			
CRASH, JOHN L.				111-11-1111		16. AGE 30		17. SEX M		18. PAY GRADE E3			
				19. FLIGHT STATUS		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
20. MOST SEVERE INJURY (See instructions)				a. Degree NA		b. Type NA		c. Body Part NA		d. Cause NA			
21. DAYS HOSPITALIZED													
ACTIVITY OF INDIVIDUAL Provide code (from list in instructions) and describe in space below.													
22. WORKDAYS		23. CODE		24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK									
a. Lost 0		p		SM was backing FMTV into motor pool building.									
b. Restricted 0													
25. PERSONAL PROTECTIVE EQUIP				26. ALCOHOL/DRUGS CAUSE/CONT				27. EQUIP THIS PERSON WAS ASSOCIATED WITH? (Enter item No. from Blk 9a) 1					
a. Required	b. Type of equip	c. Available	d. Used	28. LICENSED TO OPERATE EQUIP		29. HRS ON DUTY	30. HRS SLEEP	31. TACTICAL TRAINING		32. TYPE TRAINING FACILITY			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	#1 a	#1 Yes	#1 Y	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10	6	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1			
	#2	#2	#2							34. FIELD TRAINING EXERCISE			
										<input checked="" type="checkbox"/> Yes If Yes, provide name: <input type="checkbox"/> No			
33. NIGHT VISION SYSTEM USED													
<input checked="" type="checkbox"/> Yes If Yes, provide name: <input type="checkbox"/> No													
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT? In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.													
a. Mistake		c. Tell what the mistake was and how it caused/contributed to the accident											
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SM did not have a ground guide. Since SM could not see the sides of the bay opening he struck the side of the opening.											
b. Code													
47													

37. WHY WAS THE MISTAKE MADE (ROOT CAUSE)(Check the root cause(s) in Blk a. In Blk b. tell how the root cause(s) led to the mistake.)									
a.	LEADER (Not ready, willing to enforce standards)	TRAINING (Insufficient in	STDS/PROCEDURES (Not clear/Not practical)		SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)		INDIVIDUAL (Mistake due to own personal factors)		
<input checked="" type="checkbox"/>	Direct Supervision	School	AR	SOP	Equip/Materiel improperly designed	Inadequate Manufacture	Poor/Bad attitude	Fatigue	
	Unit Command Supervision	Unit	TM	Other	Equip/Materiel not provided	Inadequate Maintenance	Overconfident	Alcohol, Drugs	
	Higher Command Supervision	Experience, OJT	FM	None exists	Inadequate Facilities/Services	Other	<input checked="" type="checkbox"/> In a hurry	Fear/Excitement	
b. Describe root cause(s) (reason) and tell how it/they caused the mistake SM did not use a ground guide because he was attempting to pull his vehicle in before 11:20. Senior occupant did remind driver to use a ground guide. Since the driver could not accurately see the sides of the bay door he struck one side.							38. ENVIRONMENTAL CONDITIONS a. Present: #1 <u>B</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk #2 <u> </u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk #3 <u> </u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
39. PROVIDE BRIEF SYNOPSIS OF ACDT (Use additional sheets if required)(Explain sequence of events, tell how acdt happened.) SM was backing his vehicle into the E 6/23 AVN Motor Pool, B. 3403. SM was attempting to park vehicle inside building before 11:20. The senior occupant, SGT Wilson did not get out to ground guide driver. SM backed the FMTV into the west side of the bay door.									
40. CORRECTIVE ACTION(S) TAKEN OR PLANNED Both driver and AD were counseled on the use of ground guides. Both Soldiers will give classes to unit on ground guide procedures.									
41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT									
a. Name (Last, First, MI) CHINOOK, MARY F.						b. Telephone # DSN: 317 353-1111 COM: 907 353-1111			
42. COMMAND REVIEW a. Name BLACKHAWK, JEAN T.				c. Rank MAJ		43. SAFETY OFFICE REVIEW			b. Date
b. Signature				d. Date 10 JUL 04		a. Name LOCAL SAFETY OFFICER			

**WORKSHEET FOR
TELEPHONIC NOTIFICATION OF GROUND ACCIDENT**
For use of this form, see AR 385-40; the proponent agency is OCSA

Immediately notify USASC telephonically of all Class A and B accidents IAW AR 385-40, chapter 3. Phone numbers are:
Commercial (205)255-2660/4273/3410 or DSN 558-2660/4273/3410.

SHADED BLOCKS ARE FOR USASC USE ONLY		A. ASMIS CASE NUMBER		B. TIME & DATE OPS RECEIVED REPORT			
				a. Year	b. Month	c. Day	d. Time <i>(local)</i>
1. POINT OF CONTACT FOR ACCIDENT INFORMATION		a. Name					
b. Duty <input type="checkbox"/> Commander <input type="checkbox"/> Safety Officer <input type="checkbox"/> Other <i>(Specify)</i>		c. Phone Number DSN: Commercial:					
2. ACCIDENT CLASSIFICATION <input type="checkbox"/> A <input type="checkbox"/> B		3. TIME & DATE OF ACCIDENT a. Year b. Month c. Day d. Time <i>(local)</i>		4. PERIOD OF DAY <input type="checkbox"/> Day <input type="checkbox"/> Night		5. ON/OFF DUTY <input type="checkbox"/> On-Duty <input type="checkbox"/> Off-Duty	
6. TYPE OF EQUIPMENT /MATERIEL INVOLVED		7. UNIT		8. MACOM		9. NIGHT VISION DEVICE IN USE <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. EXACT ACCIDENT LOCATION							
11. ON-POST/OFF-POST? <input type="checkbox"/> On-Post <input type="checkbox"/> Off-Post		12. MILITARY INSTALLATION NEAREST ACCIDENT SITE					
<i>CHECK "YES" or "NO" FOR QUESTIONS 13 THROUGH 17</i>				Yes No		19. PERSONNEL INVOLVED	
13. EXPLOSIVE/HAZARDOUS/SENSITIVE MATERIALS INVOLVED?				14. IF YES TO #13, ARE THEY SECURE?		15. ACCIDENT SITE SECURED IAW DA PAM 385-40?	
16. HAS ACCIDENT SCENE BEEN DISTURBED?				17. IF YES TO #16, WERE PHOTOS, ETC. MADE BEFORE DISTURBING THE SCENE?		18. WEATHER CONDITIONS	
19. PERSONNEL INVOLVED				b. Total No. of Personnel		a. No. of Personnel by Rank/Category ____ Officer ____ WO ____ Enlisted ____ Army Civilian ____ c. Highest Rank	
20. INJURIES <i>(Enter # of each)</i> ____ Fatalities ____ Non-Fatal Injuries				As soon as possible, the following additional information is required on all injured personnel; name, personnel classification, degree of injury, and SSAN.			
21. ACCIDENT SYNOPSIS <i>(What happened)</i>							
22. NEWS MEDIA AWARE OF ACCIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No		23. NEAREST AIRFIELD		a. Nearest that can handle C-12 <i>(4,000 ft. min.)</i>			
		b. Nearest commercial airfield					
24. WHO WILL INVESTIGATE?		a. Installation Level Accident Investigation <i>(IAI)</i> Board Appointed <input type="checkbox"/> Yes <input type="checkbox"/> No		b. CAI Team Dispatched <input type="checkbox"/> Yes <input type="checkbox"/> No Team:			

Detailed Instructions for Completing the AGAR

Type or print all entries. Continue on blank sheets of paper if necessary, indicating the date of accident, the unit/activity accountable for the accident, and the blocks being continued. For accidents involving more than one person, the entire form will be completed on the most responsible reportable person. An additional AGAR with Blocks 1, 5, and 11 through 37 will be completed for each additional person who contributed to the cause of the accident or was injured in the accident sequence. The instructions are keyed to block numbers.

Block 1. Enter the year, month, and day of the accident. Also, enter the local time of the accident.

Block 2. Check the block that best describes when the accident occurred (day or night). Day is from first light to full night (dark). Night is from full dark (full night) to first light.

Block 3. Enter your estimate of the accidents classification: "A", "B", "C", or "D" from accident classification criteria listed on page 1.

Block 4. Check the appropriate box. See AR 385-409's glossary for the definition of a combat accident.

Block 5. Enter the unit or activity accountability for this accident.

Block 5a. Enter the Unit Identification Code.

Block 5b. Enter the full name of the unit with battalion affiliation that is accountable for the account.

Block 5c. Also, enter the abbreviation of the unit's branch (branch of the Army with which unit is affiliated) from the list below.

NOTE: If accident was caused solely by materiel failure or environmental factors, enter the unit or activity experiencing the accident.

AG	Adjutant General's Corps
AD	Air Defense Artillery
AR	Armor
SP	Army Medical Specialist Corps
AN	Army Nurse Corps
AV	Aviation
CH	Chaplain
CM	Chemical
DC	Dental Corps

EN	Engineers
FA	Field Artillery
FI	Finance Corps
IN	Infantry
JA	Judge Advocate General's Corps
MC	Medial Corps
MS	Medial Service Corps
MI	Military Intelligence
MP	Military Police
OD	Ordinance
PA	Public Affairs
QM	Quartermaster Corps
SC	Signal Corps
SF	Special Forces
TC	Transportation Corps
VC	Veterinary Corps

Block 5d. Enter the name of the Major Command the unit is affiliated with. *All units assigned to US Army Alaska enter USARPAC. All units assigned to U.S. Army Garrison enter IMA.*

Block 6. Enter the exact location of the accident (e.g., building number, street name and number, distance from the nearest landmark, etc.).

Block 6b. Enter one code from the list below for the primary function of the accident location.

Maintenance/fabrication facility

A1	Vehicle facility (motor pool, maintenance shop)
A2	Aircraft facility (hanger)
A3	Vessel facility (boat overhaul/rebuild facility)
A4	Engineer facility (carpentry/electrical/plumbing shop)
A5	Other maintenance facility

Travel ways

B1	Pedestrian way (sidewalk)
B2	Vehicle Trail (tank trail)
B3	Roadway (street, curb, shoulder,

- driveway)
- B4 Parking Lot
- B5 Aircraft Way (flight line, runway)
- B6 Railroad

Other operational facilities/areas

- C1 Office building
- C2 Communication facility
- C3 Construction site
- C4 Security/law enforcement facility
- C5 Bridge
- C6 Dam
- C7 Navigation locks
- C8 Barge
- C9 Dredge
- C10 Floating plant
- C11 Vessel (not elsewhere coded)
- C12 ARNG/Reserve armory

Training areas

- D1 Range— small arms/individual weapons
- D2 Range— crew-served
- D3 Range— aerial firing
- D4 Range— infiltration course
- D5 Dedicated nonfiring training area (obstacle/confidence course, parachute drop zone, landing zone, stagefield)
- D6 Temporary training area (unit assembly area, bivouac area)
- D7 Range— EOD

Services facility

- E1 Library
- E2 Chapel/church
- E3 Child-care Center
- E4 Post office
- E5 Laboratory
- E6 Medical care facility
- E7 Fire station
- E8 Commissary
- E9 Post exchange
- E10 Dining facilities
- E11 PX Gas Station, service station, gas station
- E12 Museum
- E13 Animal-care facility
- E14 Refuse disposal area
- E15 Laundry/cleaning facility

Terrain and water locations

- F1 Sloped terrain (ditch, mountain)
- F2 Wooded terrain (forest, swamp, marsh)

- F3 Open terrain (field, desert)
- F4 Moving bodies of water (creek, stream, river)
- F5 Standing bodies of water (pond, lake, ocean)

- F6 Lake shore/beach storage facilities

Storage

- G1 Storage buildings (ammunition bunker, warehouse, barn, storage, shed)
- G2 Outdoor storage areas (POL dump, property disposal area)

Plants and factories

- H1 Heating plant
- H2 Printing plant
- H3 Electric generating plant (includes power substations)
- H4 Ammunition/weapons manufacturing plant
- H5 Other industrial plants and factories

Recreation/entertainment facilities

- I1 Indoor recreational facility (bowling alley, gym, movie theater, swimming pool)
- I2 Outdoor recreational facility (playing fields, golf course, swimming pool)

Housing facilities

- J1 Family housing
- J2 Individual housing (BOQ, barracks, rooms)

Freight and passenger terminals

- K1 Airport/airfield (includes control tower)
- K2 Rail station/yard
- K3 Port/dock/wharf
- K4 Vehicle terminal (bus station, truck terminal)

School facilities

- L1 Kindergarten through grade 12
- L2 Army-operated technical/occupational training facilities/classrooms (aviation/maintenance school)
- L3 Non-Army-operated technical/occupational training facilities/classrooms

Hobby shop

- M1 Auto hobby shop

- M2 Woodworking hobby shop
M3 Other hobby shop

Block 6c. Enter the name of the state or country in which the accident occurred.

Block 6d. Indicate whether the accident occurred on- or off-post; if on-post, enter the name of the installation/activity.

Block 7a. Check Yes if explosives, ammunition, or pyrotechnics were PRESENT.

Block 7b. Check Yes if explosives, ammunition, or pyrotechnics were INVOLVED.

Block 8a. Briefly describe the mission the individual or unit was conducting at the time of the accident. If off-duty, so state.

Block 8b. Was the task a METL task? Check the appropriate box.

Block 9. "Involved" means vehicle/equipment/materiel/property that is damaged, whose use or misuse contributed to the accident. Include Army and non-Army equipment/materiel. Use on line for each piece of equipment or item and enter the requested information. Continue on blank paper if necessary.

Block 9a. Enter the name of the equipment / materiel involved.

Block 9b. Enter the equipment model.

Block 9c. Indicate who owns the vehicle/equipment/materiel (e.g., DOD, DA, unit, person)

Block 9d. Enter your estimate if the damage cost for the piece of equipment listed in Block 9a.

Block 9e. From the list below, select the type(s) of collision in which this property/materiel was involved. More than one collision type might be appropriate for the property/materiel. If so, enter up to three in the space provided. If "Other" is selected, specify the type of collision in the space provided. If no collision was involved, leave blank.

- 1 = Going forward and collided with moving vehicle
- 2 = Going forward and collided with parked vehicle
- 3 = Collision while backing.
- 4 = Collision with pedestrian.
- 5 = Collision with object other than vehicle/pedestrian
- 6 = Overturned
- 7 = Ran off road
- 8 = Jackknifed
- 9 = Going forward and rear-ended moving vehicle
- 10 = Going forward and rear-ended stopped vehicle
- 11 = Collision while turning
- 12 = Other (specify)

NOTE: If the item in Block 9a experienced a materiel failure or malfunction that caused or contributed to the accident, complete Blocks 9f-9k and Block 10. If not, skip to Block 11.

Block 9f. Enter the code from the list below that indicates how the component or part failed or malfunctioned (mode of failure). Explanations of these codes are contained in Appendix B of DA PAM 385-40.

- 01 Overheated/burned/melted. (Key words: blister, boil, carbonize, char, flame, fuse, glaze)
- 02 Froze (temperature). (Key words: congeal, solidify)
- 03 Obstructed/pinched/clogged. (Key words: block, crimp, restrict)
- 04 Vibrated. (Key words: oscillate, shake)
- 05 Rubbed/worn/frayed. (Key words: abrade, chafe, fret, groove, score, scrape)
- 06 Corroded/rusted/pitted. (Key words: erode, oxidize)
- 07 Overpressured/burst. (Key words: balloon, bulge, explode, rupture, swell)
- 08 Pulled/stretched. (Key words: elongate)
- 09 Twisted/torqued. (Key words: turn)
- 10 Compressed/hit/punctured. (Key words: chip, collapse, crush, dent, nick, pinch, press)
- 11 Bent/warped. (Key words: bow, buckle)
- 12 Sheared/cut. (Key words: chop, sever)
- 13 Decayed/decomposed. (Key words:

<p>mildew, rot, spoil)</p> <p>14 Electric current action. (Key words: short, arc, fusing, grounding, amperage, voltage, surge)</p> <p>97 Insufficient data to determine mode of failure.</p> <p>Block 10. Materiel failures/malfunctions can be caused by shortcomings of leaders, standards/procedures, or support:</p> <p>Leader failure: Standards/procedures are known but are not enforced.</p> <p>Standards failure: Standards/procedures are not clear/practical or do not exist (e.g., AR, TM, SOP, etc.).</p> <p>Support failure: Shortcomings in type, capability, amount, or condition of equipment, supplies, services, or facilities (equipment /materiel not provided or improperly designed, inadequate, manufacture or maintenance, or inadequate facilities/services); shortcomings in personnel by quantity or qualifications.</p> <p>Block 10a. Determine the underlying reason (root cause) the materiel failed or malfunctioned and check the block accordingly (see Appendix B of DA PAM 385-40 for an explanation of code terms).</p> <p>Block 10b. Describe how the materiel failed or malfunctioned and explain why (explain mode of failure from Block 9f and root cause from Block 10a).</p> <p>Block 11. Enter the last name, first name, and middle initial of involved person. Also, enter the UIC if it is different from that entered in Block 5a.</p> <p>Block 12. Enter the SSN of the individual listed in Block 11.</p> <p>Block 13. Enter the code from the list below for the classification (at the time the accident) of the person listed in Block 11. Enter only ONE code.</p> <p>a = Active Army b = Army civilian c = Army contractor d = Nonappropriated fund e = Other U.S. military</p>	<p>f = ROTC g = Dependent h = NGB technician i = NGB IDT j = NGB AT k = NGB ADSW l = NGB AGR m = NGB ADT n = USAR ADT o = USAR AT p = USAR ADT q = USAR FTM r = Foreign National Direct Hire s = Foreign National Indirect Hire t = Foreign National KATUSA u = Foreign National attached to U.S. Army v = Public w = not reported</p> <p>Block 14. Enter the MOS or job series of the individual listed in Block 11.</p> <p>Block 15. Check the appropriate box to reflect the duty status at the time of the accident of the individual listed in Block 11.</p> <p>Block 16. Enter the age of the individual listed in Block 11.</p> <p>Block 17. Enter "M" for male or "F" for female.</p> <p>Block 18. Enter the rank/pay grade for the individual listed in Block 11 (e.g., E5, O3, GS-11, WG-8).</p> <p>Block 19. Check the appropriate box) for government personnel only) to indicate the military flight status of the individual listed in Block 11.</p> <p>Block 20a. Enter the code that indicates the severity of the injury to the individual. If more than one applies, enter the <i>most severe</i>. See AR 385-40 for definitions of the following.</p> <p>a = Fatal b = Permanent total disability c = Permanent partial disability d = Days away from work e = Restricted work activity f = First aid only</p>
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g = No injury

Block 20b. Enter the code that best describes this person's *most serious* injury type.

NA= None (not applicable)
a= Burns (chemical)
b= Burns (thermal)
c= Amputation
d= Decompression sickness
e= Asphyxiation (suffocation)
f= Fractures
g= Dislocations
h= Abrasions
i= Concussion
j= Sprain/strain
k= Cuts/laceration
l= Contusion
m= Puncture wound
n= Hernia, rupture
o= Frostbite
p= Heatstroke
q= Heat Exhaustion
r= Noise injury/illness
s= Other (specify)

Block 20c. Enter the code that best describes the *most seriously injured* part of this person's body. (Body part entered here should be the one with the injury indicated in the previous block.

NA= None (not applicable)
a= Body (general, cannot specify)
b= Head
c= Forehead
d= Eyes
e= Nose
f= Jaw
g= Neck
h= Trunk
i= Chest
j= Heart
k= Back
l= Shoulder
m= Arm
n= Wrist
o= Hand
p= Fingers
q= Leg
r= Knee
s= Ankle

t= Foot
u= Toes
v= Other

Block 20d. Enter the code that best describes the cause of the *most serious* injury to this individual (the event that resulted in the injury/illness).

NA= None (not applicable)
a= Struck against
b= Struck by
c= Fell from elevation
d= Fell from same level
e= Caught in/under/between
f= Rubbed/abraded
g= Bodily reaction
h= Overexertion
i= Exposure
j= External contact
k= Ingested
l= Inhaled
m= Thrown from

Block 21. Enter this estimated or actual total number of days this individual will be hospitalized (inpatient/admitted receiving treatment. Days hospitalized for "observation only" are not included.

Block 22a. Enter the estimated or actual number of days this individual will be away from work (totally unable to perform any work, on bed rest/quarters). Workdays lost does not include days hospitalized or the day of the injury.

Block 22b. Enter the code from the list below that best describes the individual's activity at the time of the accident. Enter only ONE code. If the person was engaged in more than one activity at the time of the accident, check the one that is most relevant to the cause of the accident. See DA PAM 385-40 Glossary for explanation of activity codes.

a= Soldiering
b= Combat soldiering
c= Physical training
d= Weapons handling
e= Engineering or construction
f= Communications
g= Security/law enforcement

h= Firefighting
 i= Patient care
 j= Test/study/experiment
 k= Educational
 l= Information & art
 m= Food & drug inspection
 n= Laundry/dry cleaning
 o= Pest/plant control
 p= Operating vehicle/vessel
 q= Handling animal
 r= Maintenance/repair/service
 s= Fabricating
 t= Handling materiel/passengers
 u= Janitorial
 v= Food/drink preparation
 w= Supervisory
 x= Office
 y= Counseling/advisory
 z= Sports
 aa= Hobbies
 bb= Passenger
 cc= Human movement
 dd= Horseplay
 ee= Bystanding/spectating
 ff= Personal hygiene/eating/sleeping
 gg= Parachuting

Block 25a. Check Yes or No to indicate whether any personal protective clothing or equipment was required for the activity/task being performed by this individual. If Yes, complete Blocks 25b-d. If No, skip to Block 26.

Block 25b. Enter the code for the type of equipment that was required.

a= Seatbelt
 b= Helmet
 c= Goggles/glasses
 d= Gloves
 e= Earplugs
 f= Other (specify)

Blocks 25 c & d. If protective clothing and equipment was required, determine if it was available and used, available but not used, or not available. Then, enter Yes or No in the appropriate blocks to indicate the item's availability (Block 25c) and use or nonuse (Block 25d.)

Block 26. Check the appropriate box to indicate

whether or not alcohol/drugs caused or contributed to the accident.

Block 27. Enter the item number (e.g., #1, #2) from Block 9c that indicates which piece of equipment this individual was associated with.

Block 28. If this individual was operating a vehicle or equipment (at the time of the accident) that required a license to operate, indicate if the individual had such a license (up-to-date). If no license was required or no equipment was being operated, skip to Block 29.

Block 29. Enter the number of continuous hours (without sleep) this individual was on duty before the accident.

Block 30. Enter the number of hours of sleep (cumulative) this individual had in the past 24 hours.

Block 31. Indicate whether the activity listed in Blocks 23 and 24 was part of tactical training (training in field environment that uses or develops combat or combat support skills (see note below).

NOTE: For this report, the following definitions apply:

Tactical training = Training (in a field environment) that uses or develops combat or combat support skills.

Field exercise and tactical training = Begins when the individual reports to his or her primary duty location for movement to the field site and ends when he or she arrives back at the primary duty location from the field.

Block 32. If the individual was participating in any type of training, enter the code for the type of training facility being used (see FM 25-2) for definitions). (If not applicable, leave blank).

a= Garrison
 b= Local training area
 c= Major training area
 d= NTC
 e= JRTC
 f= CMTC

g= Standard range facility/live fire
h= Other (specify)

Block 33. For the activity specified in Blocks 23 and 24, enter the number of months since the last time the individual received training before the accident.

Block 34. Check the appropriate box to indicate whether the individual was on a command

Block 34. Check the appropriate box to indicate whether the individual was on a command designated field training exercise (FTX). Indicate the name of the exercise, if it has a name (e.g., Team Spirit, REFORGER, Gallant Eagle). Check No if the individual was not participating in a field exercise.

Block 35. Indicate if night vision systems(devices) were being used by this individual at the time of the accident (e.g., night vision goggles, AN/PVS-5-A). If used, specify the type. If they caused or contributed to the accident, explain in Block 39.

Block 36a. *In your opinion*, did this individual make a mistake that caused and/or contributed to the accident? If the answer is Yes, complete Blocks 36b and c. If NO, skip to Block 38.

Block 36b. Enter the code from the list below that best indicates the type of mistake made by this individual. See DA PAM 385-40, Appendix B for explanation and examples of the mistake/error codes.

General mistakes/errors

- 01 Inadequate planning.
- 02 Failed to lock, block, or secure; e.g., load.
- 03 Inadequate inspection of vehicle or equipment.
- 04 Failed to use required safety equipment, device, guard, sign, or signal.
- 05 Operating while fatigued when not necessary or directed.
- 06 Improper use of equipment.
- 07 Improper lifting.
- 08 Failed to take appropriate precautions for adverse environmental conditions (rain, haze, fog, snow, ice, reduced visibility).

- 09 Improper body position.
- 10 Improperly walked, ran, climbed.
- 11 Failed to stay alert or attentive to what was happening (situational awareness of environment, conditions, and operations).
- 12 Failed to ensure adequate clearance /space (enough room) for operation.
- 13 Misjudged clearance (improperly estimated or evaluated).
- 14 Improper weapons handling.
- 15 Improper handling of pyrotechnics or Explosives
- 16 Incorrectly pulled or pushed equipment or material.
- 17 Failed to firmly grip or hold equipment or material.
- 18 Inadequate crew coordination or communication.

(Items 19 through 39 reserved for future use.)

Vehicle/equipment specific

- 40 Excessive speed
- 41 Improper passing.
- 42 Improper turning.
- 43 Failed to yield right-of-way (other than while turning).
- 44 Failed to stop at controlled intersection.
- 45 Improperly stopped or parked.
- 46 Improper backing.
- 47 Failed to use a ground guide when required.
- 48 Ground guide used improper or incorrect position, signal, or procedure.
- 49 Following too close for environmental conditions or vehicle speed/design.
- 50 Driving in wrong lane.
- 51 Improper lane change.
- 52 Improper braking.
- 53 Improperly shifted gears on vehicle or equipment.
- 54 Abrupt control or steering response (except while turning).
- 55 Improperly mounted or dismounted vehicle or equipment.
- 56 Operated vehicle or equipment with known malfunction or unsafe mechanical condition.

(Items 57-74 reserved for future use.)

Supervisor specific

- 75 Improper personnel selection or assignment.

- 76 Knowingly allowed equipment operator to violate procedures.
- 77 Failed to ensure proper positioning of personnel before vehicle equipment operation.
- 78 Failed to inform or brief personnel adequately for mission accomplishment.
- 97 Identify mistake or error.

Block 36c. Describe the mistake and how it is caused or contributed to the accident. Be specific.

Block 37. Mistakes can be caused by shortcomings of leaders, training, standards/procedures, support, or the individual. Specific causes include:

- Leader failure: Standards or procedures are known but are not enforced.
- Training failure:** Standards exist, but school, unit, on-the-job training or individual experience is insufficient in content or amount.
- Standards failure:** Standards or procedures are not clear or practical or do not exist; e.g., AR, TM, FM, SOP, etc.
- Support failure:** Shortcomings in type, capability, amount, or condition of equipment, supplies, services, or facilities (equipment or materiel not provided or improperly designed, inadequate manufacture or maintenance, or inadequate facilities or services); personnel by quantity or qualifications.
- Individual failure:** Standards are known but are not followed.

Block 37a. Identify why the mistake was made (specific root cause). See Appendix B of DA PAM 385-40 for definitions and a list of questions to help determine the readiness shortcoming or root cause responsible for the mistake or error.

Block 37b. Describe the root cause and tell how it caused the mistake.

Block 38. Enter the codes (no more than three) from the list below to indicate the conditions present at the time of the accident. Also indicate whether the condition caused or contributed to the accident by checking the cause/contributed block and, if Yes, explaining in Block 39.

- A Clear/dry
- B Bright/glare
- C Dark/dim
- D Fog/condensation/frost
- E Mist/rain/sleet/hail
- F Snow/ice
- G Dust, fumes, gases, smoke, vapors
- H Noise/bang/static
- I Temperature/humidity (cold/heat)
- J Storm, hurricane, tornado
- K Wind/gust/turbulence
- L Vibrate/shimmy/sway/shake
- M Radiation/laser/sunlight
- N Holes/rocky/rough/rutted/uneven
- O Inclined/steep
- P Slippery (not due to precipitation)
- Q Air pressure (bends, hypoxia, decompression, altitude)
- R Lightning/static electricity/grounding
- S Electromagnetic radiation

Block 39. Provide a synopsis of the accident explaining what and how the accident happened. The synopsis should include the events leading up to the accident, the actual accident sequence, and the post accident scene and actions. For example, if a soldier was involved in an off-duty POV accident, be sure to indicate where the soldier was going, where he/she was coming from, etc. Also, please address whether the soldier was on leave, pass, PCSing or in a TDY status.

Block 40. Briefly describe all actions taken, planned, or recommended to eliminate, or at least reduce, the root cause(s) of this accident and prevent similar accidents from happening (See Table B-6, Appendix B, DA PAM 385-40). This section should not be solely focused on the individual soldier; instead, it should address the root causes and how to keep a like accident from occurring. Reporting punitive actions are not appropriate for this report.

Block 41. Enter the individual's name, rank, position, and military email address for the individual that can answer questions about this accident.

Block 42. Enter the name, rank, and signature of the command review authority.

Block 43. Enter the name of the Safety office reviewing official. Please include their phone number and official email address.

NOTE: The information and substantiating data required by this publication are the minimum requirements for reporting accidents to USASC on the AGAR. In additions, the preparer should also submit any other documentation deemed appropriate to substantiate the findings and conclusions or to comply with additional chain-of- command reporting requirements.

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR) For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA														REQUIREMENT CONTROL SYMBOL CSOCS-308			
1. TIME & DATE OF ACCIDENT		a. Yr	b. Mth	c. Day	d. Time	2. PERIOD OF DAY		Day	Night	3. ACDT CLASS		4. ACDT OCCURRED DURING:		Combat	Non-Combat		
5. UNIT IDENTIFICATION		a. UIC (6-digit Code)			b. Name of Unit					c. Unit's Branch			d. MACOM				
6. LOCATION OF ACCIDENT		a. Exact Location (Detailed enough to locate site)										b. Type Location					
c. State/County		d.	Off Post	On Post Name:			7. EXPLOSIVES/AMMO		a. Present	Yes	No	b. Involved	Yes	No			
8. MISSION		a. Briefly describe the mission										b. METL Task?		Yes	No		
9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED										Materiel Failure/Malfunction Information							
a. Type of Item (Nomenclature)		b. Model #	c. Ownership	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature		h. Part #	i. Part NSN		j. Part Manufacturer Code		k. EIR/QDR Submitted			
#1														Yes	No		
#2														Yes	No		
10. WHY DID THE MATERIEL FAIL/MALFUNCTION? (Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to the materiel failure/malfunction.)																	
a.		LEADER (Not ready, willing to enforce)		STDS/PROCEDURES (Not clear, Not practical)		SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)											
		Direct Supervision		AR	SOP	Equip/Materiel improperly designed				Inadequate Manufacture							
		Unit Command Supervision		TM	Other	Equip/Materiel not provided				Inadequate Maintenance							
		Higher Command Supervision		FM	None exists	Inadequate Facilities/Services				Other							
11. NAME (Last, First, MI) (Include Address & UIC if different than Blks 5a & b.)						12. SOCIAL SECURITY #		13. PERSONNEL CLASSIFICATION		14. MOS		15. DUTY STATUS		On-duty	Off-duty		
														Yes	No		
						20. MOST SEVERE INJURY (See instructions)		a. Degree		b. Type		c. Body Part		d. Cause			
						ACTIVITY OF INDIVIDUAL Provide code (from list in instructions) and describe in space below.											
21. DAYS HOSPITALIZED		23. CODE		24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK													
22. WORKDAYS																	
a. Lost																	
b. Restricted																	
25. PERSONAL PROTECTIVE EQUIP				26. ALCOHOL/DRUGS CAUSE/CONT				Yes	No	Unk	27. EQUIP THIS PERSON WAS ASSOCIATED WITH? (Enter item No. from Blk 9a)						
a. Required	b. Type of equip	c. Available	d. Used	28. LICENSED TO OPERATE EQUIP		29. HRS ON DUTY	30. HRS SLEEP	31. TACTICAL TRAINING		32. TYPE TRAINING FACILITY		33. LAST TRAINING		34. FIELD TRAINING EXERCISE		35. NIGHT VISION SYSTEM USED	
<input type="checkbox"/> Yes <input type="checkbox"/> No	#1 _____ #2 _____	#1 _____ #2 _____	#1 _____ #2 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes If Yes, provide name: <input type="checkbox"/> No		<input type="checkbox"/> Yes If Yes, provide name: <input type="checkbox"/> No	
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT? In Blk a., indicate if individual made a mistake. If yes provide the code (from instructions) in Blk b. and describe in Blk c.																	
a. Mistake <input type="checkbox"/> Yes <input type="checkbox"/> No		c. Tell what the mistake was and how it caused/contributed to the accident															
b. Code																	

37. WHY WAS THE MISTAKE MADE (ROOT CAUSE)(Check the root cause(s) in Blk a. In Blk b. tell how the root cause(s) led to the mistake.)									
a.	LEADER (Not ready, willing to enforce standards)	TRAINING (Insufficient in	STDS/PROCEDURES (Not clear/Not practical)		SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)			INDIVIDUAL (Mistake due to own personal factors)	
	Direct Supervision	School	AR	SOP	Equip/Materiel improperly designed	Inadequate Manufacture	Poor/Bad attitude	Fatigue	
	Unit Command Supervision	Unit	TM	Other	Equip/Materiel not provided	Inadequate Maintenance	Overconfident	Alcohol, Drugs	
	Higher Command Supervision	Experience, OJT	FM	None exists	Inadequate Facilities/Services	Other	In a hurry	Fear/Excitement	
b. Describe root cause(s) (reason) and tell how it/they caused the mistake							38. ENVIRONMENTAL CONDITIONS		
							a. Present:		
							#1 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
							#2 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
							#3 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
39. PROVIDE BRIEF SYNOPSIS OF ACDT (Use additional sheets if required)(Explain sequence of events, tell how acdt happened.)									
40. CORRECTIVE ACTION(S) TAKEN OR PLANNED									
41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT									
a. Name (Last, First, MI)						b. Telephone # DSN: _____			
						COM: _____			
42. COMMAND REVIEW a. Name				c. Rank		43. SAFETY OFFICE REVIEW			b. Date
b. Signature				d. Date		a. Name			

LOCAL SAFETY PHONE NUMBERS

GARRISON SAFETY: 353-6473

MISSION SAFETY: 353-7412

USARAK SAFETY HOTLINE: 353-SAFE

U.S. ARMY GARRISON



BE SAFE